MANSOURA UNIVERSITY

Medicosoft PATHOLOGY 2003

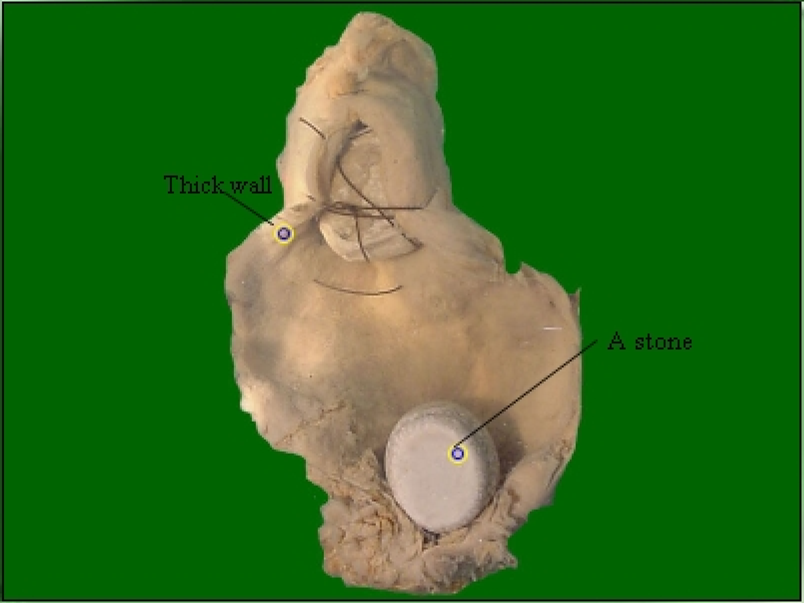
Slide No : 013

System : Digestive

-Chronic Cholecystitis -Mixed Gall Stones

Gall bladder :

The gall bladder is slightly enlarged in size and its lumen is dilated. The wall is thickened by grayish white fibrous tissue. The lining is smooth and has a reddish tinge. The outer surface of the gall bladder shows few bands of adhesions. Multiple small stones of few mms in diameter are seen. They are of irregular shapes. The stones have an inner deep brown center and an outer grayish yellow covering.



<< < 32 of 102 > >>

Notes

Search Search Result Save Test Show Close

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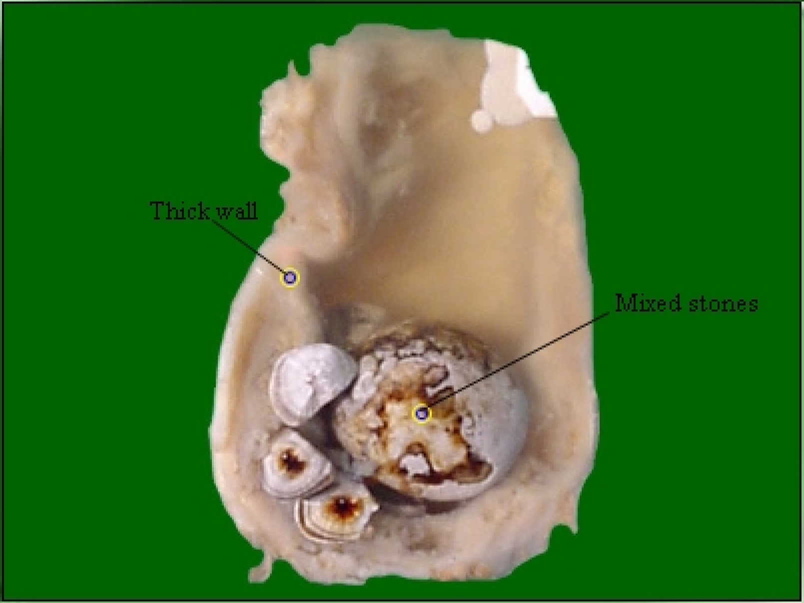
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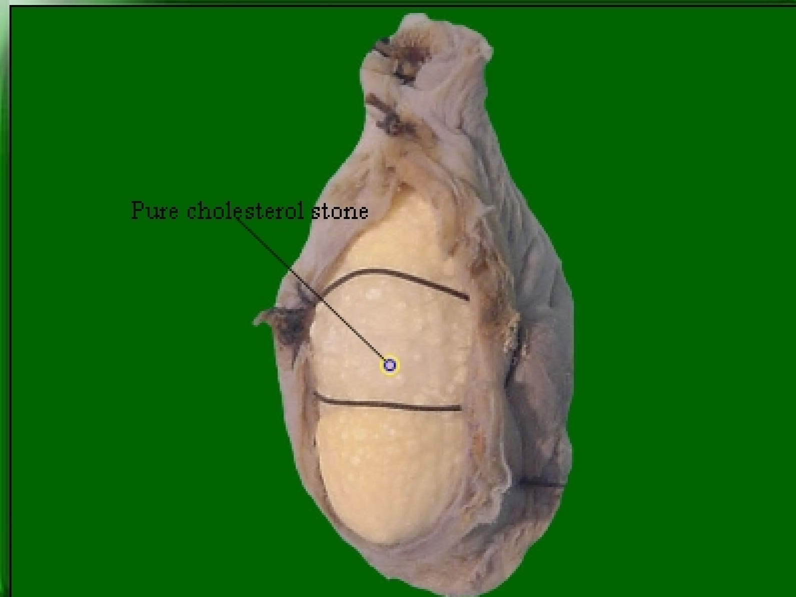
Slide No : 014

System : Digestive

Pure Cholesterol Stone

The gall bladder is opened to show :

a single oval stone (solitary) about 2x1.5 cm in diameter. It is yellowish white in colour. It has a mammillated mulberry surface. It is soft in consistency, and light in weight (float on shaking the specimen).



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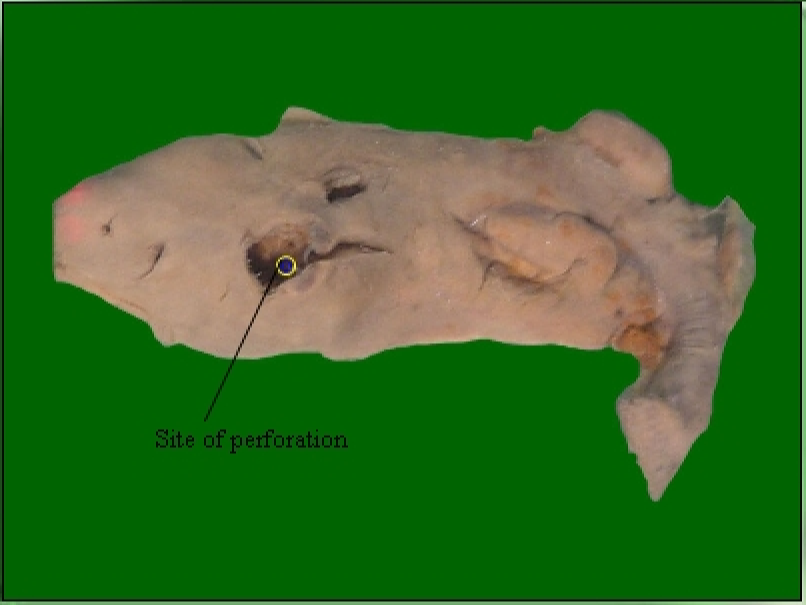
Slide No : 016

System : Digestive

Acute Diffuse Suppurative Appendicitis

The appendix is markedly swollen :

It is yellowish red in colour (pus and hyperaemia) with bluish brown dots of haemorrhage. The peritoneal covering is dull opaque and has lost its normal luster with dark brown foci near the tip. Notice that the pathological changes are more prominent towards the tip of the organ.



Notes

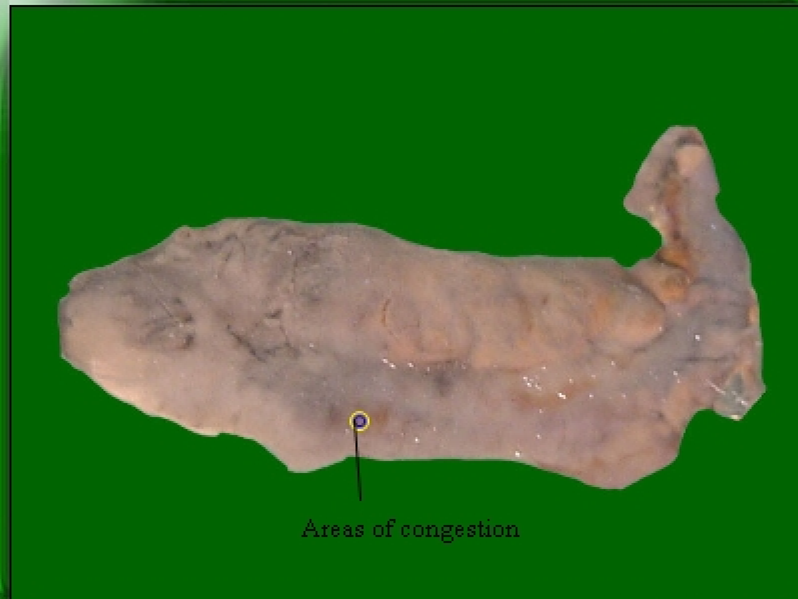
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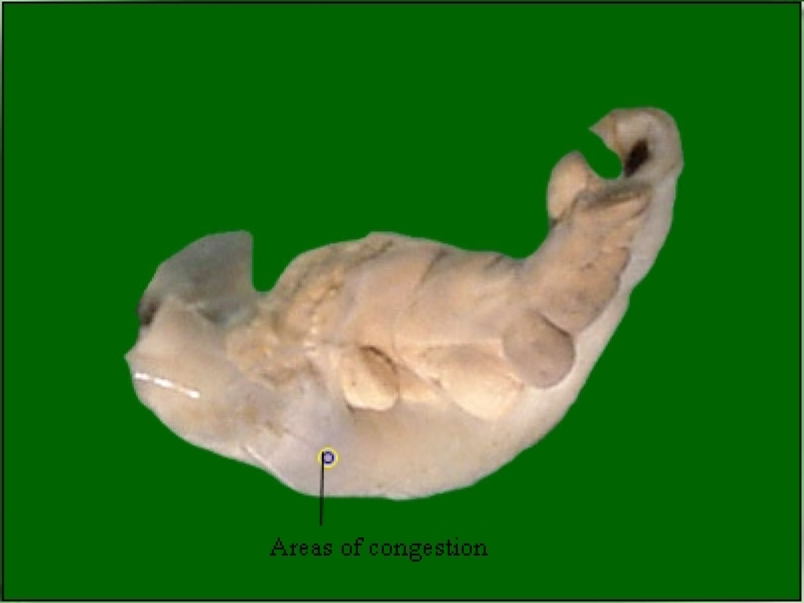
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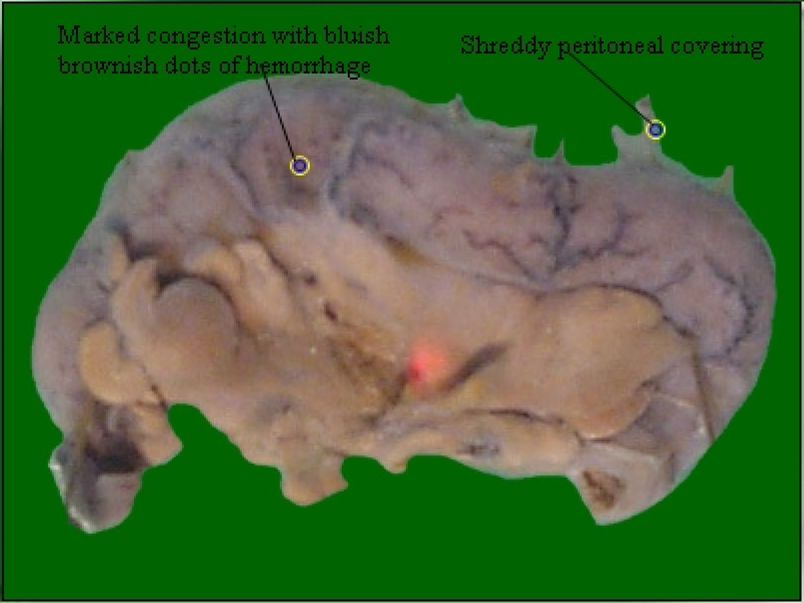
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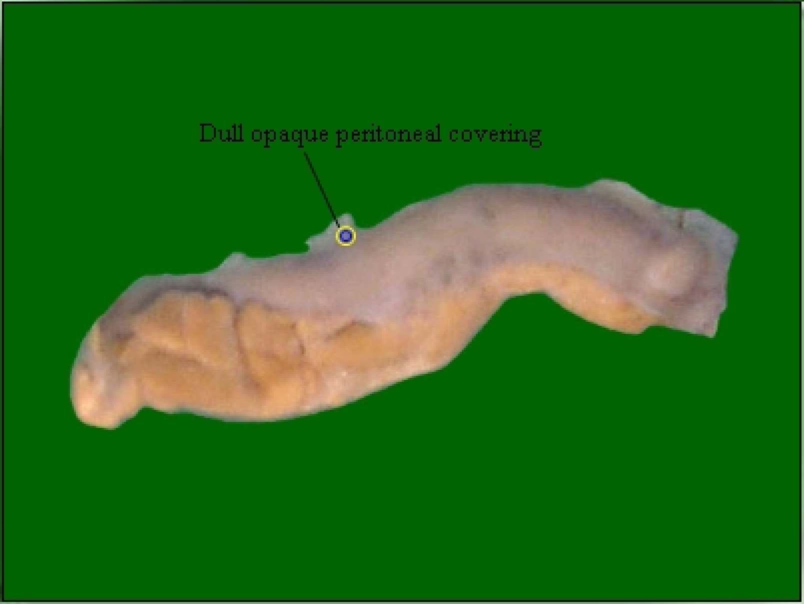
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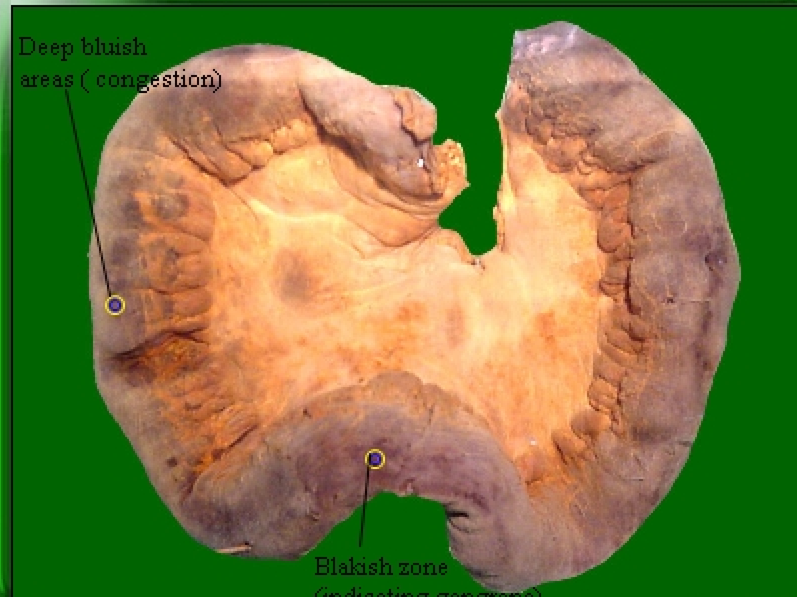
Slide No : 027

System : Digestive

Strangulated Hernia and Moist Gangrene

The lower half of the specimen is swollen edematous and shows :

deep bluish areas (congestion) and blackish zones (indicating gangrene). A depression is shown at the middle zone of the specimen representing the site of constriction of the loop. The peritoneum is dull and opaque.



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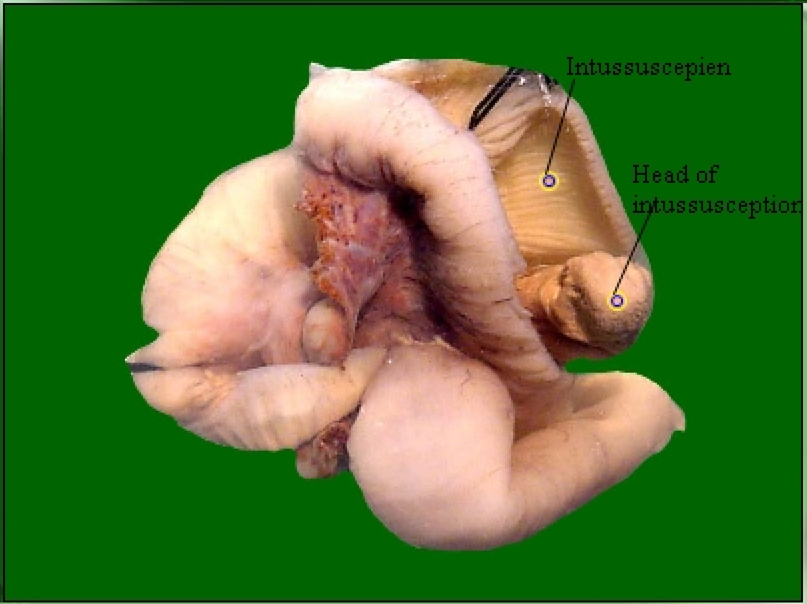
Slide No : 028

System : Digestive

Intussusception and Moist Gangrene of Small Intestine

Loop of small intestine becomes invaginated into itself :

The outer the covering part "intussuscepien" has been laid open to show the invaginated or entering part "intussusceptum". The tip of this part is seen and called the apex (head). The wall of the intussusceptum is dark black, soft and haemorrhagic (gangrenous). Its peritoneal covering is dull and opapue.



Notes

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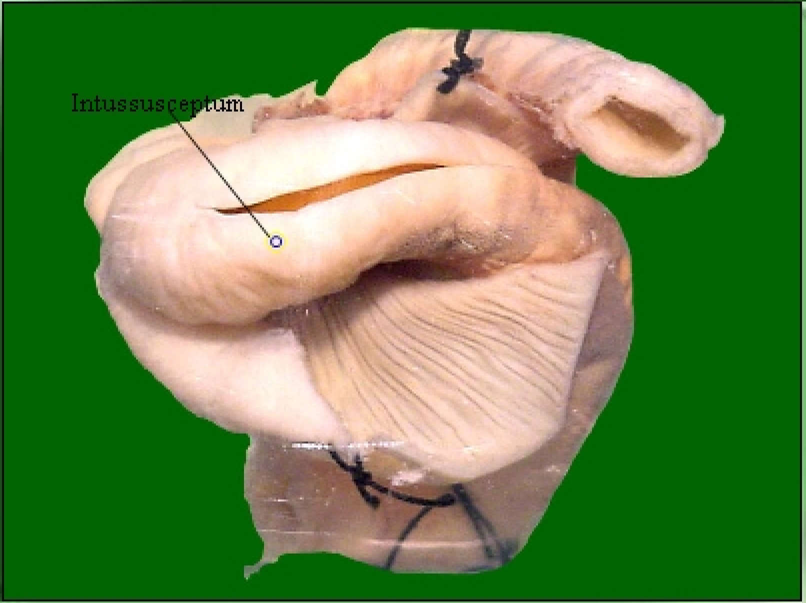
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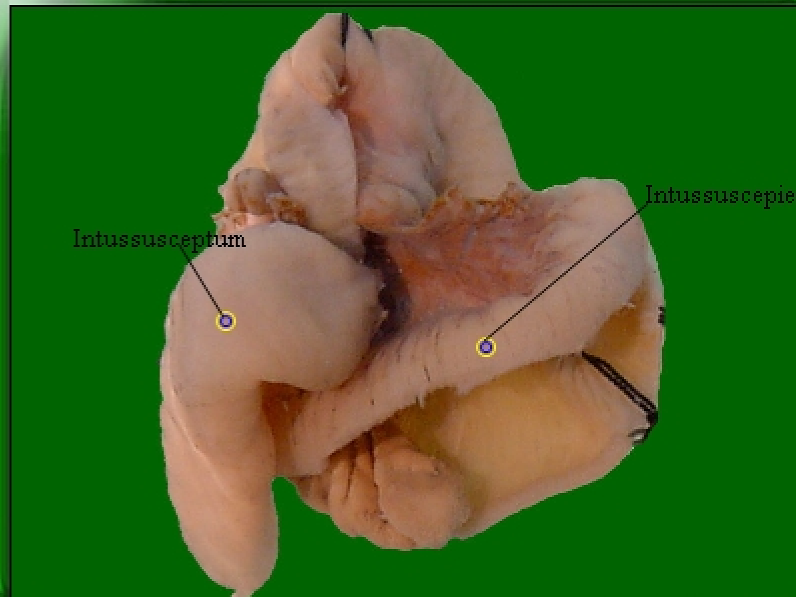
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Notes

Slide No : 029

System : Digestive

Intussusception (Ileo-ileal Type).

Loop of small intestine about 15 cm invaginated into itself :

The outer cover (intussuscepien) is opened to show an internal inverted loop of the intestine (intussusceptum). The tip of this part is seen and called the apex (head). The intussusceptum measures about 12 cms and shows areas of gangrenous changes, which appear blackish.



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Slide No : 030

System : Digestive

Familial Polyposis Coli.

The upper specimen is a segment of colon :

The lower one includes terminal ileum, caecum and ascending colon. Each segment measures about 30 cm. Both colonic segments are the seats of innumerable polypi, which ranging from few mms up to 1.5 cm with inapparent free mucosa in between. The tip of some are darkly stained (haemorrhage). The polypi are condensed on each other. The lower part of the ileum is free of polyposis.



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Notes

Search Search Result Save Test Show Close

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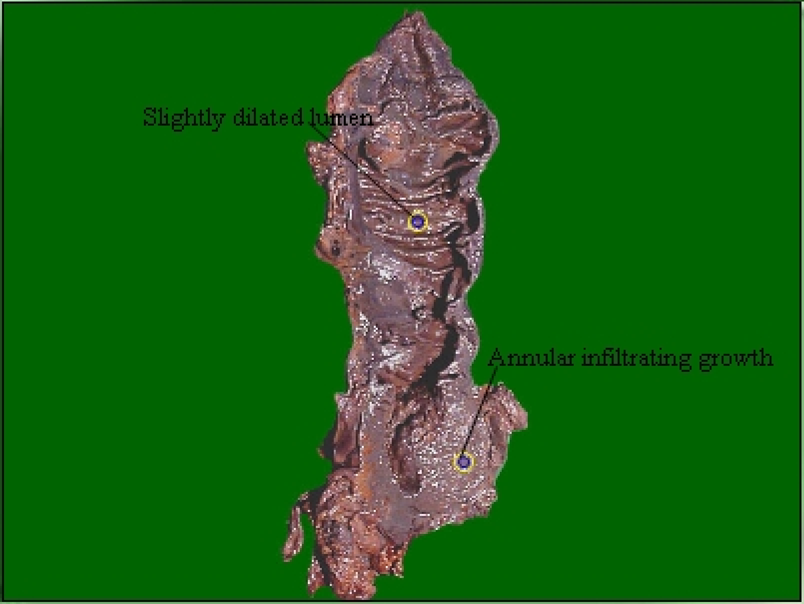
Slide No : 031

System : Digestive

Annular Carcinoma of Large Intestine (Infiltrative)

The intestine is opened longitudinally to show :

a growth, which had infiltrated all the layers of the wall along the whole circumference in a segment about 4 cms in length. The growth is grayish white in colour and is hard in consistency. The covering mucosa is roughened and the continuity of the muscle layer is interrupted by the growth. The lumen opposite the growth is extremely narrowed. Above the growth the lumen is slightly dilated and the wall is slightly hypertrophied.



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Search Search Result Save Test Show Close

Slide No : 032

System : Digestive

Carcinomatous Ulcers of Large Intestine

The caecum and ascending colon are the seat of 2 ulcers :

The ulcers are nearly oval and situated transversely across the intestinal mucosa. Each is about 7x8 cms in diameter. The edges of these ulcers are raised and everted. The floors are irregular with small brown areas of haemorrhage and yellow friable necrosis. The base is fixed and indurated.



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Notes

Slide No : 033

System : Digestive

Infiltrating Carcinoma of the Colon.

Colonic segment measuring about 20 cm in length :

It was opened longitudinally to show extreme narrowing of the lumen in its middle part, with thickening of the wall by infiltrating tumour tissue. The tumour is grayish white in colour, hard in consistency. The upper (proximal) segment is dilated, with loss of mucosal folds and muscular thickening about (3-4 mm) as seen from the cut edge. The lower (distal) segment is more or less within normal.



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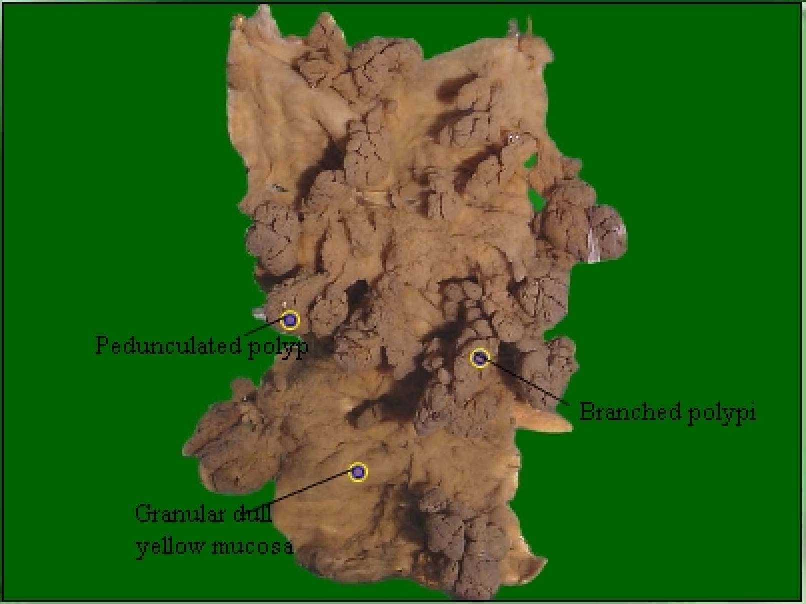
Slide No : 035

System : Digestive

Multiple Bilharzial Polypi of large Intestine

The lumen of the exposed segment shows :

multiple polypi projecting from the whole circumference of the wall. They vary in diameter (from 4 mms to 1.5 cms) sessile or pedunculated, simple or branched. The polypi are dirty yellow in colour. The tops of many of them are necrotic and stain deep brown to black. The mucosa in between the polyi is thickened granular and presents a dull yellow colouration.



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Notes

Slide No : 112

System : Circulatory

Dry Gangrene of the foot

Foot and leg :

The specimen is dry and shriveled in appearance. The tissue is shrunken as shown by the wrinkling of the skin. The foot up to the ankle is blackened. A reddish white line of demarcation is seen near the ankle separating the proximal healthy part and the distal gangrenous one.



Notes

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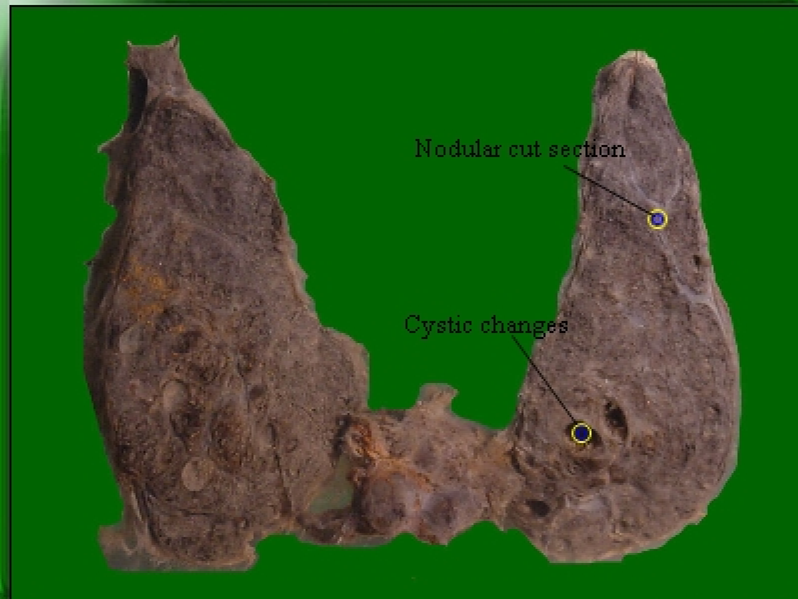
Slide No : 152

System : Endocrine

Nodular Goiter

Thyroid Gland shows :

The gland is enlarged in size. Each lobe is about 12 cms in length and 7 cms in breadth. The capsule is thickened and shows an increased number of dialted vessels. The outer surface of the gland is irregular by various nodular elevations and depressions. The consistency is firm. On the cut surface, there are nodules of variable sizes and shapes. They vary in size from 3 mms to 2 cms in diameter. Some are rounded and others are oval. The contents of nodules are glistening and reddish brown in colour. The nodules are encapsulated and separated by fibrous tissue



Notes

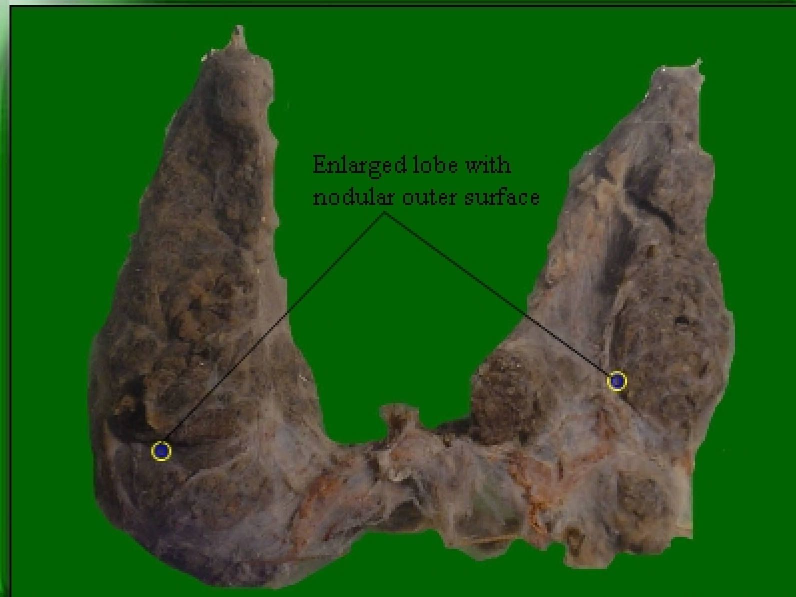
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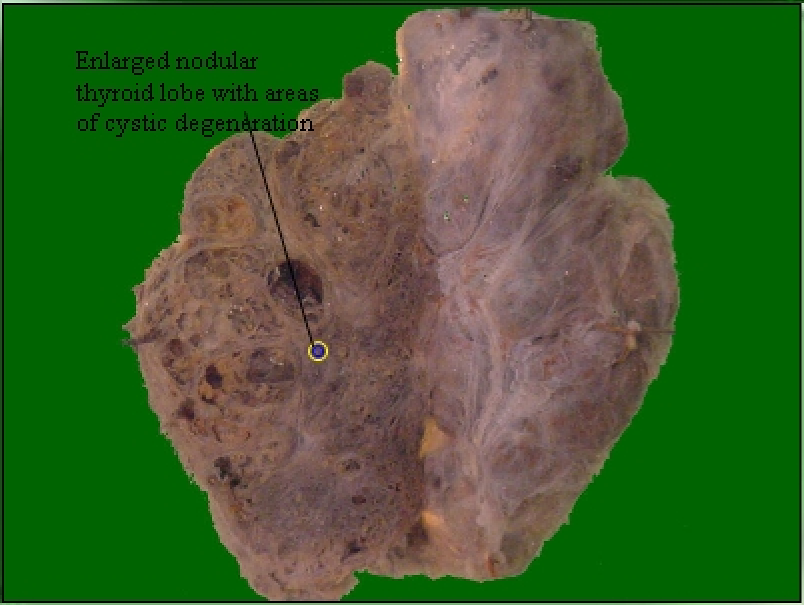
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<< < 6 of 12 > >>

Notes

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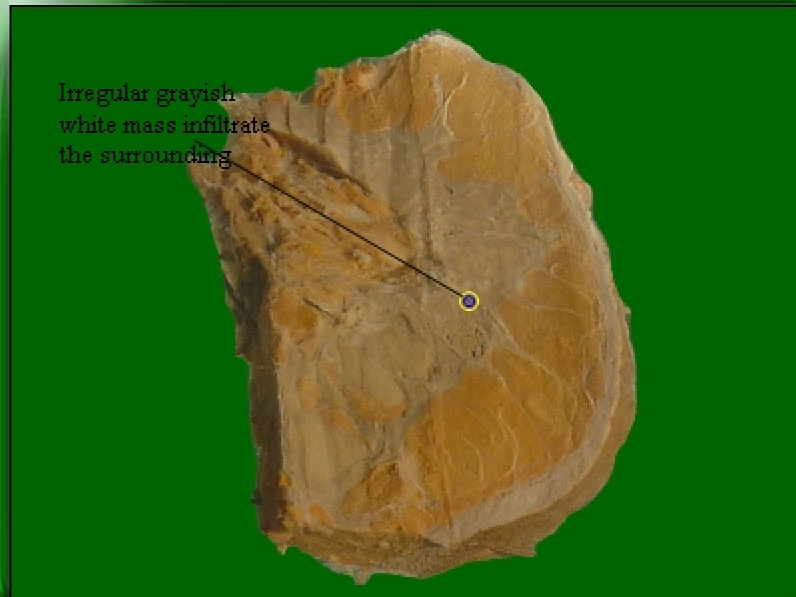
Slide No : 132

System : Female Reproductive

Scirrhous Carcinoma of the Breast

Part of Female Breast :

The cut section shows a mass about 6x4 cms in diameter. The mass is more or less oval in shape and is grayish white in colour with a prominent reddish tinge. The surface of the mass is not homogenous as it shows white strands of fibrous tissue running in various directions. The mass is non-capsulated and infiltrates the surrounding fibrofatty tissue of the breast. The mass is hard in consistency with gritty sensation on cutting. The nipple is retracted and the surrounding skin shows dimpling (characteristic of peau d'orange appearance). However, the pectoral



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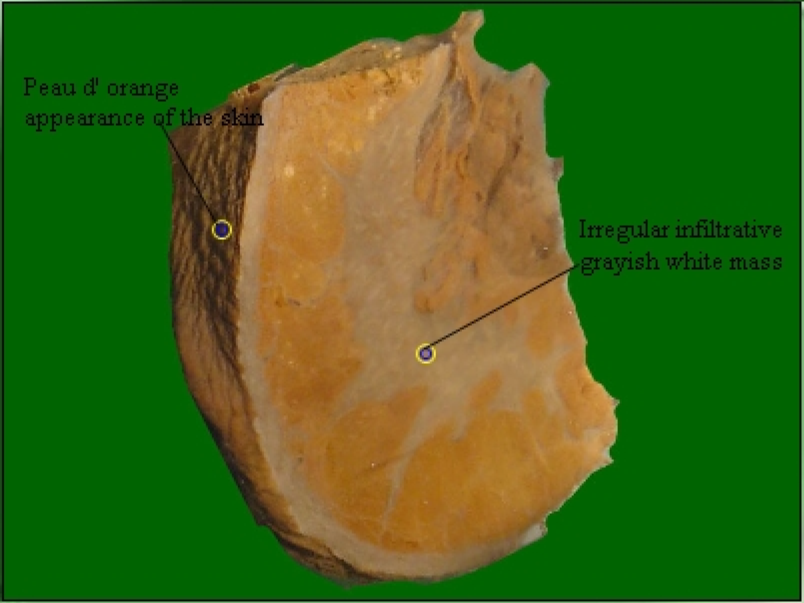
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Scirrhous Carcinoma of the Breast

Part of Female Breast :

The cut section shows a mass about 6x4 cms in diameter. The mass is more or less oval in shape and is grayish white in colour with a prominent reddish tinge. The surface of the mass is not homogenous as it shows white strands of fibrous tissue running in various directions. The mass is non-capsulated and infiltrates the surrounding fibrofatty tissue of the breast. The mass is hard in consistency with gritty sensation on cutting. The nipple is retracted and the surrounding skin shows dimpling (characteristic of peau d'orange appearance). However, the pectoral



<< < 41 of 45 > >>

Notes

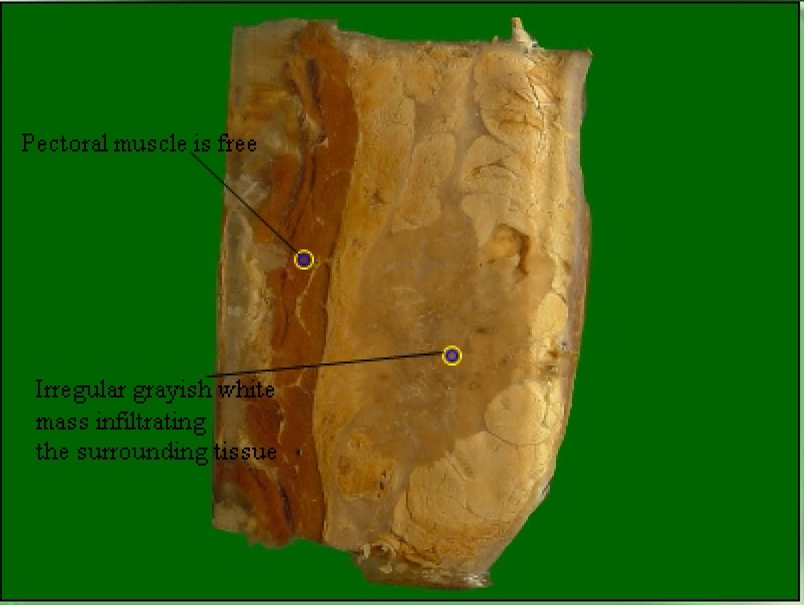
Search Search Result Save Test Show Close

Slide No : 132

System : Female Reproductive

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<< < 42 of 45 > >>

Notes

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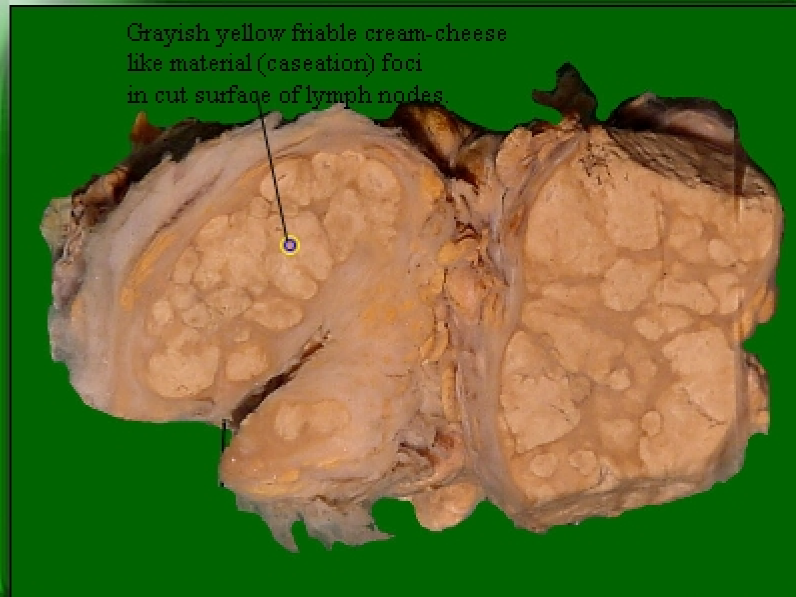
Slide No : 102

System : Lymphatic

Tuberculous Lymphadenitis

Mass of Lymph Nodes :

The lymph nodes are enlarged (see the back of the specimen) matted together and adherent to the surroundings. The cut surface present a grayish yellow friable cream-cheese like foci (caseation), not surrounded by red zone of hyperaemia, which is the characteristic gross picture of tuberculosis.



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Notes

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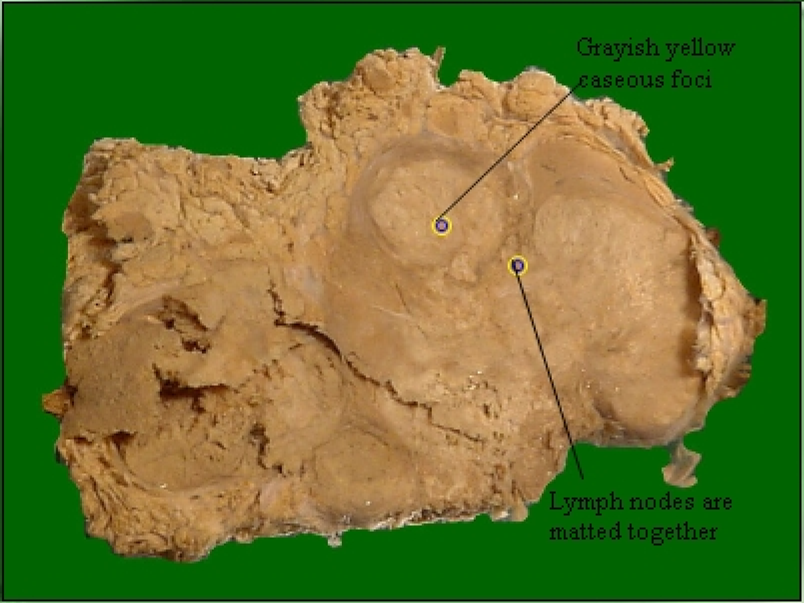
Slide No : 105

System : Lymphatic

Tuberculous lymphadenitis of cervical lymph nodes.

Cervical Lymph Nodes :

The lymph nodes are enlarged in size. They are matted or fused together in the lower part. The cut surface shows grayish yellow inspissated areas which are variable in sizes and shapes with granular surface, not surrounded by zone of hyperaemia. The latter appearance resembles cheese or casein so the term caseation is given.



Notes

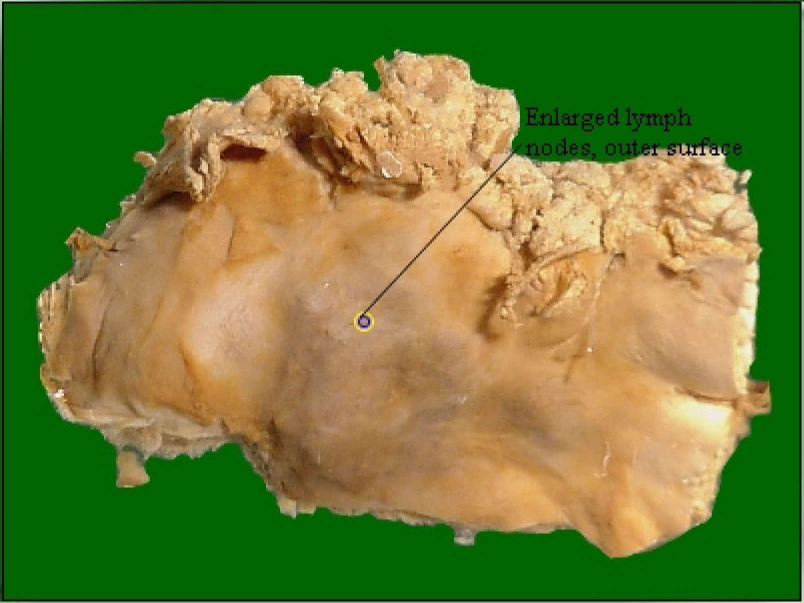
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